



Magazine Order Form

Name of organization: _____

Contact person: _____ Title: _____

Telephone: _____ Email address: _____

Mailing address: _____

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Is this a 501 c 3 organization: yes no

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For mailing please include **\$1.50 per copy** x _____ copies = \$ _____.

Total Cost: \$ _____.

Edition requested: Winter Spring Summer Fall Edition Year: _____

Payment Method: check credit card money order (mail to address below)

Credit Card AMEX VISA Mastercard (mail or FAX this form)

Number: _____ Exp. Date _____

Signature: _____ (*signature required*)

For audit purposes What is the month of your birth? _____

Name of requester (if different from above): _____

Title: _____

Telephone: _____ Email address: _____

Today's Date: _____

Special instructions, requests or notes: _____

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